FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

1431	733Ə _								
OMB APPRO	VAL								
OMB Number 3235-0076									
Expires:	April 30, 2008								
Estimated ave	rage burden								
hours per resp	onse 1.00								
SEC	USE ONLY								
Prefix	Serial								
1									
DAT	E RECEIVED								

Name of Offering () (check if this is an amendment and name has changed, and indicate change)
Ordinary Membership Units
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Section 4(6) ULOE
Type of Filing: New Filing
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)
MacDella's LLC
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone 1 09001776
3003 32 nd Avenue South, Suite 210, Fargo, ND 58103 (701) 478-7050
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
(If different from Executive Offices) Same SEC Mail Processing
Brief Description of Business Section 1
PROCESSED IAN 2 4 ZUIUS
JAN 20 HOSS
To own, operate and franchise Sandella's Flatbread Cafe in the upper Midwest.
Washington, DG
Type of Business Organization THOWSON REUTERS
☐ corporation ☐ limited partnership, already formed ☐ other (please specify):
☐ business trust ☐ limited partnership, to be formed ☐ Limited Liability Company
Month Year
Actual or Estimated Date of Incorporation or Organization: 0 4 0 8 Actual Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: (CN for Consider EN for other foreign jurisdiction) N D
Jurisdiction of incorporation or Organization: CN for Canada; FN for other foreign jurisdiction)
GENERAL INSTRUCTIONS
Federal:
Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et s or 15 U.S.C. 77d(6).
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S.
Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that
address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually sign
must be photocopies of the manually signed copy or bear typed or printed signatures.
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, at
changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E

State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

the Appendix need not be filed with the SEC. *Filing Fee*: There is no federal filing fee.

A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
 Each promoter of the issuer, if the issuer has been organized within the past five years;
 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities o the issuer;
 Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
Each general and managing partner of partnership issuers.
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Biller, Curtis
Business or Residence Address (Number and Street, City, State, Zip Code)
3003 32 nd Avenue South, Suite 210, Fargo, ND 58103
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Marcil, Michael
Business or Residence Address (Number and Street, City, State, Zip Code)
3003 32 nd Avenue South, Suite 210, Fargo, ND 58103
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Rosenberg, Art
Business or Residence Address (Number and Street, City, State, Zip Code)
3003 32 nd Avenue South, Suite 210, Fargo, ND 58103
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Mikarthur Holdings LLC Business or Residence Address (Number and Street, City, State, Zip Code)
3003 32 nd Avenue South, Suite 210, Fargo, ND 58103
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

		•						В.	INF	ORMA	TIC	N AB	TUC	OFF	ERI	NG								
1.	Has tl	he issue	r sol	d ord	oes t	he issu	er in	tend to	sell.	to non-	-accr	edited i	inves	stors in	this	offeri	12?						Yes	No ⊠
		1504		u , 0. u																			_	_
2.	Answer also in Appendix, Column 2, if filing under ULOE What is the minimum investment that will be accepted from any individual?\$										5	0,000.00												
												V												
3.		the offe																					Yes	N₀ □
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed i an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual)													s											
Full Na	ne (L	ast nam	e firs	st, if in	divid	lual)																		
Carlson	, Jerer	ny																						
Busines	s or R	esidenc	e Ad	ldress :	(Nun	ıber an	d Str	eet, Ci	ty, Si	ate, Zi	р Со	de)												
Jamieso	n Cap	ital LL	C, 30	03 32	nd Av	e. S., S	Suite	260G,	Farg	o, ND :	5810	3												
Name o	f Asso	ciated	Brok	er or I	Deale	<u></u> г																		
Gardne	Fina	ncial Se	rvice	es Inc.																				
States i					las S	olicited	l or I	ntends	to Sc	licit Pu	ırcha	sers					-							
(Check																							All	States
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Carlson																			_					
Busine:	s or R	esiden	e Ad	ldress	(Nun	nber an	d Sti	eet, Ci	ty, Si	tate, Zi	р Со	de)												
Jamies	n Cap	ital LL	C, 30	003 32	nd Av	e. S., S	Suite	260G,	Farg	o, ND :	5810	3												
Name (f Asso	ociated	Brok	er or I	Deale	r																		
Gardne	r Fina	ncial Se	ervice	es Inc.																				
States i	n Whi	ch Pers	on L	isted I	las S	olicited	d or I	ntends	to Sc	licit Pu	ırcha	sers												
(Check	"All S	States"	or ch	eck in	divid	ual Sta	tes).				•••••							•••••					All	States
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Busine	ss or R	lesiden	ce Ac	ldress	(Nur	nber an	id Sti	reet, Ci	ty, S	tate, Zi	p Co	de)												
Name o	of Asso	ociated	Brok	er or I	Deale	r																		
States i	n Whi	ch Pers	on L	isted I	las S	olicited	d or I	ntends	to Sc	olicit Pı	urcha	isers												
(Check	"All S	States"	or ch	eck in	divid	ual Sta	ites).	•••••											•••••				All	States
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1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Stering Price		Amount Already Sold
	Debt	\$	0.00	\$	0.00
	Equity	\$	400,000.00	\$	0.00
		-			-
	Convertible Securities (including warrants)	\$	0.00	\$	0.00
	Partnership Interests	•		\$	0.00
	Each investment shall also include 9% 7 year	_			
	Other (Specify: note.				0.00
	Total	\$ -	400,000.00	3	0.00
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number Investors		Aggregate collar Amount of Purchases
	Accredited Investors		0	\$	0.00
	Non-Accredited Investors		0	\$	0.00
	Total (for filings under Rule 504 only)		0.00	\$	0.00
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		Type of	г	ollar Amount
	Type of Offering		Security	L	Sold
	Rule 505	N/A	<u> </u>	\$	
	Regulation A			\$	
	Rule 504			\$	
	Total			\$	0.00
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	
	Printing and Engraving Costs			\$	
	Legal Fees			\$	5,000
	Accounting Fees			\$	
	Engineering Fees			\$	
	Sales Commissions (specify finders' fees separately)			\$	40,000.00
	Other Expenses (identify) Marketing and Promotion Fees		\boxtimes	\$	40,000.00
	Total		 🔯	\$	85,000.00

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	C. OFFERING PRICE	, NUMBER OF INVESTORS, EXPENSES A	AND US	SE OF I	KUCEE	υ5		
	Question 1 and total expenses furnished	in response to Part C - Question 4.a. This is to the issuer."	••••			\$		315,000.00
5.	used for each of the purposes shown. If the estimate and check the box to the left of the	oss proceeds to the issuer used or proposed to be amount for any purpose is not known, furnish a estimate. The total of the payments listed must er set forth in response to Part C – Question 4.b	n					
				Payme				
				Offic Directo Affili	rs, &			yments to Others
	Salaries and fees			\$			\$	
	Purchase of real estate			\$			\$	
	Purchase, rental or leasing and installation o	f machinery and equipment		\$			\$	
	Construction or leasing of plant buildings an	d facilities					\$	100,000.00
		e value of securities involved in this offering						
	merger)			\$			\$	
	Repayment of indebtedness			\$			\$	
	Working capital			\$		\boxtimes	\$	215,000.00
	Other (specify): Development rights, fram	chise fee and corporate development		\$			\$	
				s			\$	
	Column Totals			s		\boxtimes	\$	315,000.00
	Total Payments Listed (column totals added)			⊠ \$	315,0	0.00)
		D. FEDERAL SIGNATURE						
sigi info	nature constitutes an undertaking by the issuer ormation furnished by the issuer to any non-ac	d by the undersigned duly authorized person. It to furnish to the U.S. Securities and Exchange credited investor pursuant to paragraph (b)(2) o	Commis f Rule 5	ssion, uj 602.	on writter	request	of i	ts staff, the
	SSUER (Print or Type) MACDELLA'S LLC	Sigfature Sigf		Date	17/0	G		
14		1 1 4 4 5 0 0 0	L	10	110	/		
	Jame of Signer (Print or Type)	Title of Signer (Print or Type)						

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	•	E. STATE SIGNATURE	·····	
			Yes	No
1.	Is any party described in 17 CFR 230.262 presently	subject to any of the disqualification provisions of such rule?		\boxtimes
	See Append	lix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnish Form D (17 CFR 239.500)-at such times as required	to any state administrator of any state in which this notice is filed, a not by state law.	tice on	
3.	The undersigned issuer hereby undertakes to furnish issuer to offerees.	to the state administrators, upon written request, information furnished	by the	
4.	The undersigned issuer represents that the issuer is a Limited Offering Exemption (ULOE) of the state in of this exemption has the burden of establishing that	familiar with the conditions that must be satisfied to be entitled to the Ur which this notice is filed and understands that the issuer claiming the avent these conditions have been satisfied.	niform /ailability	
	The issuer has read this notification and knows the conduly authorized person.	atents to be true and has duly caused this notice to be signed on its behalf	f by the und	ersigned
	ssuer (Print or Type)	Signature Dat	te	_
]	MACDELLA'S LLC	MASMM 1	127/0	29
1	Name (Print or Type)	Title (Print or Type)	,	•
(Curtis Biller	President		

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1					APP	ENDIX						
State Yes No Membership Units (\$5,000/unit) Amount Investors Amount	1	Intend To non-a investors	to sell ccredited s in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State						
AL	State	Yes	No	Membership Units	Accredited	Amount	Accredited	Amount	Yes	No		
AK				, , , , , , , , , , , , , , , , , , ,								
AZ						,						
AR												
CA												
CC							-					
DE D					,	,						
DE												
DC FL S												
FL GA												
GA HI ID HI IL HI IN HI IA HI KS HI KY HI LA HI MD HI MA HI MN XX \$400,000 HI												
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				4100,000					-			
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				APP	ENDIX				
1	Intend To non-a investor	I to sell accredited s in State -Item I)	3 Type of security and aggregate offering price offered in state (Part C-Item 1)			5 Disqualification under State ULOF yes, attach explanation of wa granted) (Part F			
C4-4-	No.	N/a	Preferred Membership		A 4	Number of Non- Accredited	Accredited		
State	Yes	No	Units	Investors	Amount	Investors	Amount	Yes	No
MT			1						
NE									
NV									
NH									
NJ									
NM								1	
NY									
NC									
ND		XX	\$400,000		,				
ОН					,				
OK									
OR					 			-	
PA									
RI					_				
SC					.	<u> </u>			
SD		XX	\$400,000						
TN	<u> </u>								
TX					<u> </u>				
UT					-				
VT									
VA		-							-
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PR									